

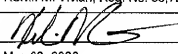
TRANSMITTAL FORM

Attorney Docket No.
CA920010014US1/2182PIn re the application of: **Philip S. COULTHARD et al.**Confirmation No: **3395**Serial No: **09/879,024**Group Art Unit: **2178**Filed: **June 11, 2001**Examiner: **Stork, Kyle R.**For: **Method and System for Converting User Interface Source Code Of A Legacy Application to Web Pages**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for two month(s), from March 28, 2006 to May 28, 2006.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	16	20	0	\$ 60.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$450.00 to Deposit Account No. 02-2120 (Sawyer Law Group LLP) for payment of extension fees.
<input type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. _____ (Account Holder Name)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Kelvin M. Vivian, Reg. No. 53,727
Signature	
Date	May 30, 2006

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being transmitted to Examiner Kyle R. Stork via the USPTO EFS-Web on May 30, 2006.	
Type or printed name	Jinny Nguyen ✓
Signature	